



Department of Energy
Bonneville Power Administration
P.O. Box 491
Vancouver, Washington 98666-0491

RECRUITING BULLETIN: VANC 98-02

OPENING
DATE:

February 23, 1998

CLOSING DATE: **OPEN UNTIL FURTHER**
NOTICE (OUFN)

LINEMAN, BB-2810

RATE OF PAY:
\$26.83 PER HOUR

**(MORE THAN ONE POSITION MAY BE
FILLED)**

**This bulletin is for the adding of names to the
existing register. Applicants that have applied on
VANC 97-14 Recruiting Bulletin for Lineman need
not reapply.**

LOCATION: **Work locations may be anywhere in the Bonneville Power Administration
(BPA) Service Area (OREGON, WASHINGTON, IDAHO, AND
MONTANA).**
(See attached geographic location check list)

NOTES:

**A SUPPLEMENTAL QUESTIONNAIRE IS REQUESTED TO BE RETURNED WITH THIS APPLICATION SEE www.bpa.gov to
retrieve a copy or call 503-230-3055/360-418-2090 to have one sent to you if not with this notice.**

**A CUT-OFF DATE MAY BE ESTABLISHED MIDWAY DURING THE OPEN PERIOD OF THE RECRUITING BULLETIN AND
ELIGIBLE APPLICANTS WILL BE REFERRED, WITH ADDITIONAL REFERRALS MADE AFTER THE RECRUITING
BULLETIN CLOSES.**

**IN ADDITION TO THE WAGE RATE, BPA PAYS A SUPPLEMENT EQUAL 4.4% OF THE WAGE RATE TO PERMANENT
EMPLOYEES FOR EACH HOUR OF STRAIGHT-TIME WAGES THAT ARE PAID.**

RECRUITMENT AND/OR RELOCATION BONUS MAY BE PAID.

Incumbent(s) will be in travel status for extended periods.

Selected employee(s) will be required to have a physical examination at Bonneville Power Administration's (BPA) expense.

As per DOE Order 3792.3 this position is subject to random drug testing. Tentative selectees must be tested for the use of illegal drugs prior to final selection. A determination of the use of illegal drugs may lead to nonselection (based on a failure to meet conditions of employment). The successful applicant(s) will be subject to future random, unannounced testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal Service.

WHO MAY APPLY: ALL U.S. CITIZENS MAY APPLY. All applicants will receive consideration for appointment without regard to race, religion, color, national origin, sex, sexual orientation, political affiliation, age, or any other nonmerit factor. U.S. Citizenship is required.

DUTIES OF THE POSITION: Work is performed under the supervision of a Lineman Foreman. The degree of supervision will depend upon tasks performed and working conditions. When the Lineman is performing hot line work,

supervision will be direct and detailed. When the work situation does not involve hot line work, emergencies, or conditions of similar scope, the Lineman will complete tasks under more general supervision. Work is performed in compliance with government regulations, BPA safety rules, and the BPA-CPTC Collective Agreements.

The duties of the Lineman are:

Performs construction and maintenance work (including hot line maintenance) on either wood pole or steel tower lines including excavations and footings; framing and erecting towers and poles hanging insulators and hardware; and stringing, sagging, and clipping conductor.

Replaces or repairs damaged steel towers, wood poles, crossarms, and conductors; relocates towers and poles; treats wood poles; and replaces insulators.

Performs, or occasionally supervises, right-of-way maintenance work such as brush and weed control, cutting or topping danger trees, seeding cover crops for erosion control.

Repairs access roads and installs or repairs bridges, culverts, fences, and gates.

Maintains microwave towers, antennas, and airway lighting installations; performs maintenance tasks in substations, involving overhead line work and other tasks requiring the use of line maintenance equipment.

Patrols transmission lines and reports conditions of lines.

Takes clearances and occasionally performs switching at unattended substations.

Completes associated paperwork and completes reports required of the above listed tasks.

WORKING CONDITIONS: The Lineman works outdoors in all kinds of weather conditions; and may work for long periods in cold, wet, or icy weather, and high winds. Work is often performed on steel or wood structures at considerable heights, and on or near energized conductors or equipment. The employee often works in awkward positions, supported only by a safety belt, or a safety belt and climbers. In other instances, the Lineman may work on the precipitous slopes, and rugged or brushy terrain. When repairing conductors, the Lineman may ride in a trolley on the conductor, high above the ground. The Lineman may climb to considerable heights many times a day. The employee may walk long distances over rugged terrain and work in locations inaccessible to mobile equipment. The Lineman frequently uses hand tools, such as axes and hot sticks, or power tools such as chain saws, for extended periods of time. The work environment will occasionally include high noise levels and/or exposure to hazardous substances (i.e., solvents, PCBs, chemicals, etc.) that could, if precautions are not followed, pose a health risk. Approved respiratory and safety equipment shall be worn when hazardous substances are being handled. Emergencies, critical system conditions, or outage limitations may require that work be done at night and/or under time restraints. System priorities may require extended periods of overtime including working weekends.

SPECIAL CONDITIONS OF EMPLOYMENT: Persons filling Lineman positions will be required to meet some or all of the following conditions:

1. Live within the local commuting area (within one hour travel time) of transmission line maintenance headquarters. The local commuting area is established on the basis of transmission system reliability requirements.
2. Extended periods of travel may be required.
3. If exposed to health hazards, have periodic physical examinations prescribed by competent medical authority at BPA expense. (Employees will work in close proximity to substances such as solvents, PCBs, chemicals, etc., which may have effects on health unless prescribed handling procedures are followed.)

4. Become familiar with and follow the safety practices of the BPA Accident Prevention Manual.
5. Posses valid First Aid Card, CPR Card, and an electrical worker's permit or obtain within 30 days after appointment.
6. Possess valid Class A commercial driver's license (CDL) with restriction of air brakes. Depending upon district requirements, obtain all endorsements/restrictions (i.e., tankers, hazardous material, double trailer) that are required to operate TLM equipment from state of residence, within 120 days after requirement is established. Possess a valid Department of Transportation (DOT) Physical Card. Possess a U. S. Motor Vehicle Operator Authorization or obtain within 30 days after appointment. Traffic citations indicating poor driving habits may disqualify applicants.
7. Subject to call for emergency work at any time.
8. Obtain certification on the equipment associated with line maintenance if assigned to use or operate.
9. Operate motor vehicles normally used in line maintenance and construction.
10. Obtain certification as a flag person.
11. As part of the job requirements, the Lineman shall be required to apply restricted use pesticides, and at the discretion of management officials, may be required to obtain a pesticide applicator's permit. BPA shall provide the necessary training for such a permit.
12. Become certified to take a clearance within 30 days after reporting for duty.
13. Occasionally, fly in helicopter or fixed wing aircraft in the performance of assigned duties.

PHYSICAL REQUIREMENTS: Incumbents must be physically and mentally able to efficiently perform the duties of the position, with or without reasonable accommodation, without hazard to themselves or others. The duties involve strenuous effort such as climbing to considerable heights many times a day; walking long distances over rough terrain; prolonged standing, sitting, and crouching. The work requires pushing, pulling, and positioning tools, equipment, and structural material weighing in excess of 100 pounds. Incumbents must be able to lift loads weighing up to 100 pounds. They must be able to distinguish clearances around machinery with moving parts. Must be able to work at heights in excess of 535 feet. Extensive driving over unimproved surfaces may be required. Work may be performed on smooth or uneven surfaces and will be performed under varying climatic conditions. Incumbents must be able to work with both arms overhead. They must be able to grip and hold lines and ropes with 80 pounds weight attached and be able to work with small components. They must be able to periodically wear a respirator. Incumbents must have vision which is correctable to 20/40 in both eyes and have the ability to read printed material the size of typewritten characters. They must have the ability to hear the conversational voice. Speech must be suitable for clear communication by telephone. Incumbents must be in good physical condition sufficient to safely perform the duties of the position.

BASIS OF EVALUATION: Applicants will be evaluated on the basis of experience, education, training, supervisory appraisal, and/or potential on the following elements to determine those who are minimally qualified and those who are best qualified. Experience may have been obtained in either (1) a formal apprentice program in a major electrical power system approved by the Federal Committee on Apprenticeship; or, (2) sufficient recent training and/or experience which can be evaluated as giving the skills and knowledge required to perform the duties of a journeyman Lineman. **The applicants' background must show work experience on both wood pole and steel lines and maintenance work on energized lines of 12.5 kV or higher (see attached Supplemental Questionnaire, Element 4).**

1. Ability to perform the work of a lineman without more than normal supervision. (Failure to meet this requirement will result in an ineligible rating).
2. Knowledge of electrical equipment related to line work.

3. Knowledge of technical theory.
4. Ability to install, maintain, overhaul, and repair power line structures and equipment.
5. Ability to work from blueprints, schematics, and diagrams.
6. Ability to use hand tools and operate line maintenance equipment.
7. Ability to locate line faults and troubleshoot.
8. Dexterity and safety.

Credit will be given for unpaid experience or volunteer work, such as community, cultural, social service, and professional association activities on the same basis as for paid experience. To receive credit, you must show the actual time, such as number of hours per week, spent in each activity.

There is not a specific application form. Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format. All applications must contain sufficient information to determine eligibility for the position according to the qualifications statement in this announcement.

APPLICATIONS WHICH LACK SUFFICIENT INFORMATION TO DETERMINE ELIGIBILITY FOR THE POSITION WILL NOT BE CONSIDERED ELIGIBLE.

Your resume or application must contain:
(in addition to specific information requested in the vacancy announcement)

JOB INFORMATION

The announcement number, title, and grade(s) of the job for which you are applying

PERSONAL INFORMATION

Full name, mailing address (including ZIP code), and day and evening phone numbers

Social Security Number (**If you do not give us your SSN, we cannot process your application.**)

Country of citizenship (most Federal jobs require United States citizenship)

Veterans Preference

Reinstatement eligibility (If eligible, attach SF-50 proof of your career or career-conditional status)

Highest Federal civilian grade held (also give job series and dates held)

EDUCATION

High School

Date of high school diploma or GED

Colleges and Universities

Name, city, and state (ZIP code if known)

Majors

Type and year of any degrees received

(if no degree, show total credits earned and indicate whether semester or quarter hours)

DO NOT SEND A COPY OF YOUR COLLEGE TRANSCRIPT.

WORK EXPERIENCE

Give the following information for your paid and nonpaid work experience related to the job for which you are applying. Do not send job descriptions.

Job title (include series and grade if Federal position)

Duties and accomplishments (Give specific information concerning previous work which is related to the duties described for this position)

Employer's name and address

Immediate supervisor's name and phone number

Starting and ending dates (month/year to month/year)

Hours per week

Salary

Indicate if we may contact your current supervisor.

OTHER QUALIFICATIONS

JOB RELATED training courses (title and year)

JOB RELATED skills, for example, other languages, computer software/hardware, tools, machinery, typing speed

JOB RELATED certificates and licenses (current only)

JOB RELATED honors, awards, and special accomplishments, for example, publications, memberships in professional or honor societies, leadership activities, public speaking, and performance awards

VETERANS PREFERENCE: A 5-point preference is granted to most veterans who entered the military service prior to October 14, 1976. Veterans who served after that date may also receive 5-point preference if they received or were entitled to receive a Campaign Badge or Expeditionary Medal and have sufficient length of service. However, you may be entitled to a 10-point veterans preference if you received a Purple Heart or have a service-connected disability; you are the spouse or mother of a disabled veteran; or you are the widow, widower, or mother of a deceased veteran. **You must submit a Standard Form (SF) 15 and proof of your claim.**

Additionally, if you are a disabled veteran, Purple Heart recipient, recently (i.e., 120 days or less) discharged veteran, spouse of a totally disabled veteran with a service-connected disability, or recently (i.e., 120 days or less) returned from overseas Federal civilian employment, filing deadlines may not apply to you.

To claim veteran preference, you must indicate your eligibility for veteran preference. You cannot receive veteran preference if you are retired or plan to retire at or above the rank of major or lieutenant commander, unless you are disabled or retired from the active Military Reserve. To receive veteran preference your separation from active duty must have been under honorable conditions. This includes honorable and general discharges. A clemency discharge does not meet the requirements of the Veteran Preference Act.

Active duty for training in the military Reserve or National Guard programs is not considered active duty for purposes of veteran preference.

To qualify for veteran preference you must have served:

1. During a war:

OR

2. During the period April 28, 1952 through July 1, 1955;

OR

3. For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976;

OR

4. During the Gulf War from August 2, 1990, through January 2, 1992;

OR

5. In a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary Medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, Haiti, and Bosnia qualifies for preference.

6. A campaign medal holder or Gulf War veteran who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and has not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. The 24 month service requirement does not apply to 10-point preference eligibles separated for disability incurred or aggravated in the line of duty, or to veterans separated for hardship or other reasons under 10 U.S.C. 1171 OR 1173.

If you think you qualify for 10-Point Preference, review the requirements described in the Standard Form (SF) 15, Application for 10-point Veteran Preference. The 10-point preference groups are:

- Non-Compensably Disabled or Purple Heart recipient
- Compensably Disabled (less than 30%)
- Compensably Disabled (30% or more)
- Spouse, Widow(er), or Mother of a deceased or disabled veteran

To receive 10-point preference, you must attach a completed SF-15 to the application together with the proof requested in the SF-15.

Application Deadline: Applications must be received or postmarked by the closing date. Submit the following forms to:

**BONNEVILLE POWER ADMINISTRATION
(Recruiting Bulletin VANC 98-02)
HUMAN RESOURCES
ATTN: PERSONNEL SERVICES/CHR/PSB-2
P.O. BOX 491
VANCOUVER, WASHINGTON 98666-0491**

1. Application or resume. (OF612 attached).
2. Supplemental Questionnaire for Lineman (attached or to receive a copy see BPA's Website at: <http://www.bpa/Corporate/CH/employ.htm>).
3. Applicant's Statement of Selective Service Registration Status (BPA-1871) if you are a male born after December 31, 1959.
4. SF-15, Claim for Veterans Preference if claiming 10-point preference.
5. Copy of DD-214 for documentation of veterans preference.
6. Attached geographic availability check list.
7. Attached Optional Form 306 (Declaration for Federal Employment).
8. Attached SF 1281 (Race and National Origin Identification).

NOTE: Separate application forms and supplemental information must be submitted for each recruiting bulletin under which you apply. Photostatic copies are acceptable if the copy is legible.

FORMS AVAILABILITY: The Optional Application for a Federal Job (OF-612) and other forms listed may be obtained from all Bonneville Power Administration Human Resources offices. (5411 NE Hwy 99, Plant Services Bldg, Vancouver, WA, or by calling 360-418-2090) and (905 NE 11th Avenue, Portland, Oregon, or by calling 503-230-3055).

These forms may also be downloaded from the OPM electronic bulletin board:

www.opm.gov/forms/html/numeric.htm#of. Or <http://www.opm.usajobs.gov>

To receive a complete supplemental questionnaire use <http://www.bpa.gov/Corporate/CH/employ.htm>

CONTACT: For additional information, you may call (360) 418-2090 or 503-230-3055..

Privacy Act Information

Federal agencies rate applicants for Federal positions under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the requested information to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.

We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, unpaid student loans.

If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also incomplete addresses and ZIP codes will slow processing.

We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public or private organizations including news media that grant or publicize employee recognition or awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel actions forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses and dependent children asking whether an employee has changed from self and family to self-only health benefits enrollment; individuals working on a contract, service grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to an employee about fitness-for-duty or agency-filed disability retirement procedures.

A SMOKE FREE WORK ENVIRONMENT IS BONNEVILLE POLICY

Smoking permitted only in designated areas.

A HARASSMENT FREE WORK ENVIRONMENT IS BONNEVILLE POLICY

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

FORM APPROVED
OMB No. 3206-0219
Electronic Form Approved by CGIR
03/23/95

You may apply for most jobs with a resume, this form, or other written format. If your resume or application **does not provide** all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. Job title in announcement

2. Grade(s) applying for

3. Announcement number

4. Last name

First and middle names

5. Social Security Number

6. Mailing address

7. Phone numbers (include area code)

City

State

ZIP Code

Daytime

Evening

WORK EXPERIENCE

8. Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job **descriptions**.

A) Job title (if Federal, include series and grade)

From (MM/YY)

To (MM/YY)

Salary

per

Hours per week

\$

Employer's name and address

Supervisor's name and phone number

Describe your duties and accomplishments

Unprotected Form Field. Only eleven lines of data will print in this area. You may continue on another sheet of paper.

B) Job title (if Federal, include series and grade)

From (MM/YY)

To (MM/YY)

Salary

per

Hours per week

\$

Employer's name and address

Supervisor's name and phone number

Describe your duties and accomplishments

Unprotected Form Field

9. May we contact your current supervisor?

YES ☐

NO ☒

If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10. Mark highest level completed. Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

11. Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12. Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

A) Name

Total Credits Earned

Major(s)

Degree

Year

Semester

Quarter

(if any)

City

Stat

ZIP Code

B) Name

City

Stat

ZIP Code

C) Name

City

Stat

ZIP Code

OTHER QUALIFICATIONS

13. **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

Unprotected Form Field

GENERAL

14. Are you a U.S. citizen? **YES** (☐) **NO** (☐) — Give the country of your
15. Do you claim veterans' preference? **NO** (☐) **YES** (☐) — Mark your claim of 5 or 10 points below.
- 5 points (☐) — Attach your DD 214 or other proof. 10 points (☐) — Attach an Application for 10-Point Veterans' Preference (SF15) and proof required.
16. Were you ever a Federal civilian employee? **N** (☐) **Y** (☐) — For highest civilian grade
- | Series | Grade | From (MM/YY) | To (MM/YY) |
|--------|-------|--------------|------------|
| | | | |
17. Are you eligible for reinstatement based on career or career-conditional Federal status? (☐) **Y** (☐) — If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

SIGNATURE

DATE SIGNED

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GENERAL INFORMATION

- You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.
- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at **FJOB.MAIL.OPM.GOV**.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulations; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit System Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in

- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and receiving the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

LINEMAN, BB-2810
SUPPLEMENTAL QUESTIONNAIRE

NAME: _____ SSN: _____ BIRTH
 DATE: _____

Element 1: Ability to perform the work of a journeyman lineman without more than normal supervision.

Experience: Have you had any experience on: *Transmission Maintenance or Construction* Y / N

Distribution Maintenance or Construction Y / N

Transmission Experience at 69kV and above _____ YRS _____ MO

Distribution Experience below 69kV _____ YRS _____ MO

Element 2: Knowledge of electrical equipment related to line work.

Check which types of equipment you have practical work experience (do not include training experience):

<input type="checkbox"/>	wood structure	<input type="checkbox"/>	tower steel	<input type="checkbox"/>	insulators
<input type="checkbox"/>	sectionalizing switches	<input type="checkbox"/>	ground mats	<input type="checkbox"/>	airway marking
<input type="checkbox"/>	airway lighting	<input type="checkbox"/>	crossarms	<input type="checkbox"/>	spacers
<input type="checkbox"/>	guys and anchors	<input type="checkbox"/>	cutouts	<input type="checkbox"/>	conductors
<input type="checkbox"/>	lightning arrestors	<input type="checkbox"/>	transformers	<input type="checkbox"/>	substation bus
<input type="checkbox"/>	substation equipment	<input type="checkbox"/>		<input type="checkbox"/>	

Element 3: Knowledge of technical theory.

Education: Years of college _____ Degree or certificate _____ Technical school -months _____

Training: Apprenticeship program (craft/trade): _____ Sponsored
 by? _____ Completed? _____

Date of completion _____ Length of program _____

Element 4: Ability to install, maintain, overhaul, and repair powerline structures and equipment.

For each of the duties below, indicate the highest 3 voltage(s) at which you have worked:

VOLTAGES

VOLTAGES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbed a wood pole structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbed a steel tower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	framed a wood pole structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	set a wood pole
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed guy wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strung conductor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sagged conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clipped or tied in a structure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	replaced insulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed grounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	replaced a crossarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taken a clearance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	applied a conductor armor rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	applied a compression conductor fitting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed vibration dampers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	erected a steel tower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	assembled a steel tower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maintained airway lighting and markers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	installed conductor repair rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maintained a sectionalizing switch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spliced conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strung fiber
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spliced fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rigged steel suspension towers and steel deadend towers for lowering and raising conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rode in an aerial cart/ladder/bosun chair, etc. on the conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Element 5: Ability to work from blueprints, schematics and diagrams.

Check the items that you have worked with:

<input type="checkbox"/>	Manufacturers' instruction books	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Drawings/schem
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			wiring		atics
	Blueprints/structural erection drawings		Plans and profiles		Reference manuals
	Operations & Maintenance Bulletins		Circuit drawings		

Element 6: Ability to use hand tools and operate line maintenance equipment.

Check all those you have used in performing **line work**.

	swivels		chain hoist		slings/choker
	rigging blocks		stringing blocks/traveler		shackles
	cant hook/peavy		plumb bob		linemans pliers
	cable cutters		bolt cutters		digging spoon
	digging spade		digging bar		volt amp meters
	megger meters		chain saw		portable generators
	air compressors		jack hammers		air & hydraulic tamps
	eye level		reel stand		torque wrench
	drift pin		spud wrench		hot stick tester
	brush chipper		hydraulic press		power take up reel
	bucket truck		auger/digger		pruners
	nico press		lineman's belt & climbers		hand lines
	power capstans		winches		transit
	line truck		backhoe		crawler tractor
	all-terrain vehicle		pole trailer		wrap on barriers
	wire puller		tensioner		hot sticks
	rubber cover-ups		arc welder		cadweld
	acetylene welding & cutting		power metal cutting saw		hydraulic/mechanical bender
	hydraulic/mechanical punches				

Element 7: Ability to locate line faults and troubleshoot.

Check the areas you have experience in troubleshooting:

Ground Patrol_____ Sectionalizing_____ Aerial Patrols_____

Element 8: Dexterity and safety.

Check all that apply:

	Formal first aid training course within last 3 years		CPR training within last 2 years
	Clearance and tagging procedure on electrical equipment		Hazardous materials training
	Clearance, safety or lockout procedures		Pole top rescue techniques
	Installed portable protective grounds		Commerical Drivers License
	Installed electrical protective guards or barriers		
	Worked from hook ladder, bosun chair, spacer, and/or manlift equipment		

List other safety training:_____

Have you received a violation of a driving law within the last three years? (Do not include parking violation or charges of which you were found not guilty) Yes_____ No_____ LIST ALL BELOW

Are you willing to work on per diem for extended periods? _____Yes _____No

U.S. DEPARTMENT OF ENERGY - BONNEVILLE POWER ADMINISTRATION

**APPLICANT'S STATEMENT OF SELECTIVE SERVICE
REGISTRATION STATUS**

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

Certification of Registration Status

Check one:

I certify that I am registered with the Selective Service System.

I certify that I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.

I certify that I have not registered with the Selective Service System.

I certify that I have not reached my eighteenth birthday and understand I am required by law to register at that time.

Use ink to complete information below.

Legal Signature	Printed Name	Date

Non-Registrations Under Age 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or at a consular office if you are outside the United States.

Non-Registrants Age 26 or Over

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency which was considering you for employment by returning this statement with our written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that our failure to register was neither knowing nor willful.

Privacy Act Statement

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of our application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

False Statement Notification

A false statement may be grounds for not hiring you or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment (Section 1001 of Title 18, United States Code.)

BPA 1871 APR 1988

GEOGRAPHIC AVAILABILITY FORM

NAME	SOCIAL SECURITY NUMBER
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I am available for work as a Lineman at the following locations: **PLEASE CHECK ALL LOCATIONS FOR WHICH YOU ARE AVAILABLE.**

<p><u>OREGON</u></p> <p><input type="checkbox"/> GOSHEN</p> <p><input type="checkbox"/> NORTH BEND</p> <p><input type="checkbox"/> REDMOND</p> <p><input type="checkbox"/> SALEM</p> <p><input type="checkbox"/> THE DALLES</p>	<p><u>WASHINGTON</u></p> <p><input type="checkbox"/> CHEHALIS</p> <p><input type="checkbox"/> ELLENSBURG</p> <p><input type="checkbox"/> GRAND COULEE</p> <p><input type="checkbox"/> KENT</p> <p><input type="checkbox"/> OLYMPIA</p> <p><input type="checkbox"/> PASCO</p> <p><input type="checkbox"/> SNOHOMISH</p> <p><input type="checkbox"/> SPOKANE</p> <p><input type="checkbox"/> VANCOUVER</p>	<p><u>IDAHO</u></p> <p><input type="checkbox"/> IDAHO FALLS</p> <p><u>MONTANA</u></p> <p><input type="checkbox"/> KALISPELL</p>
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PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1302,3301,3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E. Street, N.W., Washington, D.C. 20415.

Electronic Form Approved by CGIR 09/03/97

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceeding where the Government is a party; law enforcement agencies concerning a violation of law or regulation Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting or issuing licenses, grants or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the

National Archives, the Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service and the date and nature of action for separation shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.

Optional Form 306
September 1994
U.S. Office of Personnel
Management

Declaration for Federal Employment

Form Approved
O.M.B. No. 3206-0182
NSN 7540-01-368-7775
50306-101

GENERAL INFORMATION

1 FULL NAME



2 SOCIAL SECURITY NUMBER



3 PLACE OF BIRTH (Include City and State or Country)



4 DATE OF BIRTH (MM/DD/YY)



5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6 PHONE NUMBERS (Include Area Codes)

DAY ➔

NIGHT ➔

MILITARY SERVICE

7 Have you served in the United States Military? If your only active duty was training in the in the Reserves or National Guard, answer "NO".....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.

BRANCH

FROM

TO

TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

explosives, violations, misdemeanors, and all other offenses.) If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

10 Are you now under charges for any violation of law? If "YES", use item 15 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.

11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "YES", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.

12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

ADDITIONAL QUESTIONS

13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halfsister.) If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

15 Provide details requested items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected. Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed. Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, complete item 16/16b and answer item 17.

16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a Applicant's Signature
(Sign in ink)



Date



16b Appointee's Signature
(Sign in ink)



Date



APPOINTING OFFICER: Enter Date of Appointment or Conversion



17 Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job?	Date (MM/DD/YY)		
	Yes	No	Don't Know
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No", use item 15 to identify the type(s) of insurance for which waivers which were not cancelled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Form 306 (Back)
 Optional Form 306
 U.S. Office of Personnel
 Management

Declaration for Federal Employment

September 1994
 Form Approved
 O.M.B. No. 3206-0182
 NSN 7540-01-368-7775

INSTRUCTIONS

This information collected for this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However,

if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18 section 1001).

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter size sheets (8.5" x 11"), including your name, Social Security Number, on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

DEPARTMENT OF ENERGY SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION

If you are currently a Department of Energy employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation you may be entitled to special priority selection under the Department of Energy's Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current Department of Energy career or career-conditional (tenure group I or II) competitive service employee who has received a RIF separation notice or a Certificate of Expected Separation (CES) and, the date of the RIF separation has not passed and you are still on the rolls of the Department of Energy. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the Department of Energy in the same commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all application criteria, (e.g. submit all required documentation).
6. Be rated well-qualified for the position.

DISPLACED EMPLOYEES FROM OTHER FEDERAL AGENCIES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP)

If you are a displaced Federal employee from another Agency, you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from OPM or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees:

A Current or former career or career-conditional (tenure group I or II) competitive service employees who:

1. Received a specific RIF separation notice, **OR**
2. Separated because of a compensable injury, whose compensation has been terminated and whose former agency certifies that it is unable to place, **OR**
3. Retired with a disability and whose disability annuity has been or is being terminated, **OR**
4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates "Retirement in lieu of RIF", **OR**
5. Retired under the discontinued service retirement option, **OR**
6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area,

OR

B Former Military Reserve or National Guard Technicians who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under section 8337(h) or 8456 of title 5 United States Code.

2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement.)
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g. submit all required documentation).

Be rated well-qualified for the position.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

SECTION A. DISABILITY STATUS ☐ ☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability

16. Total deafness in both ears, with or without understandable speech.

23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)

25. Blind in both eyes (no usable vision, may have some light perception).

28. Missing one arm or one leg.

33. Missing hands or both arms or both feet or both legs.

35. Missing one hand or arm and one foot or leg.

64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.

65. Partial paralysis of both legs, any part, or both arms, any part.

67. Partial paralysis of one side of the body, including one arm and one leg.

**DOE F
1600.7**

U.S. DEPARTMENT OF ENERGY

*Electronic Form Approved
By CIL 07/14/1999*

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(02-94)

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

68. Partial paralysis of three or more major parts of the body (arms and legs)

71. Complete paralysis of both hands or both arms or both legs.

72. Complete paralysis of one arm or one leg.

76. Complete paralysis of lower half of body, including legs.

77. Complete paralysis of one side of body, including one arm and one leg.

78. Complete paralysis of three or more major parts (of body) (arms and legs).

82. Convulsive disorder (e.g. epilepsy).

90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).

91. Mental or emotional illness (a history of treatment for mental or emotional problems).

92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).

06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

**A. American Indian or
Alaskan Native**

☐

A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.

- B. Asian or Pacific Islander** ☐ **A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam.**
- C. Black, not of Hispanic origin** ☐ **A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.**
- D. Hispanic** ☐ **A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.**
- E. White, not of Hispanic origin** ☐ **A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures of origins.**
- F. Other** ☐ **A person not included in the above categories.**

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

☐ **Internet web-site** ☐ **Newspaper Ad** ☐ **Trade Journal** ☐ **Other (Please indicate)**
